



Department of State

Division of Charitable Solicitations
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243
(615) 741-2555

APPLICATION FOR REGISTRATION OF A PROFESSIONAL FUNDRAISING COUNSEL

ALL REGISTRATIONS EXPIRE DECEMBER 31

INSTRUCTIONS: Type or print your answers. **If an answer does not apply, write "N/A."** Attach additional sheets if you are unable to answer in the space provided. A **nonrefundable** registration fee of \$250.00 and a \$25,000 bond, payable to the State of Tennessee, must accompany this application.

OFFICE USE ONLY

Reg. No.

Date Rec'd.

Fee Pd.

Rec. No.

1. A. Name of organization: _____ ☐
- B. List other names you currently use or have previously used to conduct business: _____ ☐
- C. Federal Employer Identification Number: _____ ☐
2. A. Principal Address: (Street) _____ ☐
(City) _____ (State) _____ (Zip Code) _____ ☐
- B. Mailing Address: (Street) _____ ☐
(City) _____ (State) _____ (Zip Code) _____ ☐
- C. List address of additional offices/places of operation in the State: _____ ☐
_____ ☐
3. A. Applicant is an Individual _____ Partnership _____ Corporation _____ Other _____ ☐
- B. Year organized _____ State _____ ☐
4. List owners, partners or corporate officers:

Name	Title	Address	Phone
1. _____	_____	_____	_____ <input type="checkbox"/>
2. _____	_____	_____	_____ <input type="checkbox"/>
3. _____	_____	_____	_____ <input type="checkbox"/>
5. A. List the name(s) and address(es) of nonprofit organizations you have current contracts to perform fundraising services. Describe the type of the service(s) you will provide (e.g., consulting, direct mail, etc.)
 1. Name & address: _____ ☐
Type of service(s): _____ ☐
 2. Name & address: _____ ☐
Type of service(s): _____ ☐

3. Name & address: _____ ☐
 Type of service(s): _____ ☐
4. Name & address: _____ ☐
 Type of service(s): _____ ☐
- B. Attach a copy of contract(s) or written agreements, signed by two (2) officials of the charitable organization and one (1) officer of your company. ☐
6. Are any individuals, partners, officers, directors or managing agents affiliated with, controlled by, or have control over, either directly or indirectly, any nonprofit organization listed in #5 above? Yes ____ No ____ If yes, list the name of the individual/partner/officer, and the controlled organization. _____ ☐
 _____ ☐
7. List other states where you solicit contributions: _____ ☐
 _____ ☐
8. A. Has the applicant: (1) had any license, registration or permit revoked or denied or (2) been enjoined or prohibited from soliciting contributions? If "yes", describe the action taken, the date and place where action was taken: _____ ☐
 _____ ☐
- B. Has anyone recovered pursuant to a surety bond under which applicant was insured? Yes ___ No ___. If "yes", give their name, date, State and amount recovered: _____ ☐
 _____ ☐
9. Disclose any civil administrative or other legal action filed against applicant pursuant to any State or local charitable solicitations act, including the complete case style, summary and disposition of the action: _____ ☐
 _____ ☐

SIGNATURE SECTION

I certify that the statements in these registration statements and all continuation sheets are true and accurate.

 Signature of Owner/Authorized Officer

 Title

 Print Name

 Date

SWORN TO AND SUBSCRIBED BEFORE ME AT:

Notary Seal

 County and State

This _____ day of _____, 200____

Signature: _____ My Commission Expires _____ ☐

AN APPLICATION SHALL BE ASSESSED A LATE FEE OF TWENTY-FIVE DOLLARS (\$25.00) FOR EACH MONTH, OR PORTION THEREOF, THAT THE APPLICATION IS LATE FILED. A CIVIL PENALTY MAY ALSO BE IMPOSED.

